



WELLNESS BENEFIT PROGRAM APPLICATION
FOR STATE AGENCIES AND POLITICAL SUBDIVISIONS
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 58361 (07-05)

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920

Thank you for your interest in the Wellness Benefit Program (WBP). This program offers benefits to help state agencies or political subdivisions provide work site health promotion activities to their employees. Any agency or political subdivision that participates in the NDPERS health plan is eligible to apply for funding assistance. If an agency has more than one location, more than one program may be funded if the locations are geographically separate and if there is evidence of planning at each location. Two or more agencies/political subdivisions can submit a joint application.

Complete this application answering every question as completely as possible, using an extra sheet of paper if additional space is needed. Incomplete applications will be returned.

This form may be completed on line and submitted electronically, or it can be downloaded and printed.

I. WORKSITE INFORMATION

Agency/Subdivision Name		Dept. #
Address	City/State	Zip
Name of Contact		Title
E-Mail		Phone
Is this a joint application with another eligible employer group? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list employer name(s) and contact person(s).		
Number of active employees at the site or sites to which this application applies. Use the count from your group insurance billing. If you are a division or district office, include only count for your location, not the agency statewide. If joint application, include count for both groups.		
Have you been approved for the NDPERS Employer Based Wellness Benefit Program discount for the current fiscal year? Yes <input type="checkbox"/> No <input type="checkbox"/>		

II. PROGRAM & FUNDING INFORMATION

The program funds wellness benefits for healthy lifestyle programs. Funds are available for agency group programs and program related activities only. Individual memberships in diet programs, health, athletic or fitness clubs are not eligible for reimbursement. Also, the program will not fund the expense of incentive prizes or food. Employer's should fund these items through other means available based on their budget authority or you may consider an employee contribution to help offset these costs. In addition, funds cannot be used for the benefit of dependents, the general public, or in the case of a campus or school, for students. Applications are reviewed and benefits awarded by the Wellness Committee within 60 days of receipt by the PERS office. You will be notified of the committee's decision.

1. Describe the wellness program and include copies of any program informational materials, web site addresses if web based, etc:

Page 2, Application for Wellness Benefit Program

2. Describe how you identified/assessed the employees' need or interest for the program and include copies of supporting documentation (i.e. employee survey, health data, employee interest, agency goals, etc.).

3. Describe how this program will benefit the employees in your agency/group:

4. Describe your evaluation plan to measure the effectiveness of the program:

5. Detail the program expenses. Include per person cost of service, vendor estimates, or cost of supplies, materials or services, as applicable. Provide copies substantiating vendor or program expenses, if available:

What is the expected duration of the program? weeks / months (circle one)

6. Will a vendor(s) be providing supplies or services or conducting any part of the program? A vendor includes any entity or individual that will be reimbursed for services or program materials or supplies. ☐ Yes ☐ No

If yes, describe the service(s) provided or the materials or supplies purchased:

Vendor(s) Name:

Address

City/State

Zip Code

If applicable, describe vendor(s) qualifications (training, certification, experience):

Page 3, Application for Wellness Benefit Program

7. Will you as the employer contribute to the cost of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe your contribution to the program:	
8. Is there a registration fee for the participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list fee per participant \$	
9. What is the estimated number of individuals you expect to participate in the program?	
10. Describe the methods you will use to promote the program to motivate employees to participate:	
11. What plans have you made for ongoing employee involvement in wellness activities?	
12. Describe how your director/board/management will be involved in the program?	
13. Have you sponsored other wellness programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the program(s).	

**Return the application to NDPERS
Please retain a photocopy for your records**